



REQUEST FOR QUOTATION

RFQ# HQ754314

Quotations are due by 3:00 P.M., Local Time

July 10, 2007

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 W. Adams
Phoenix, AZ 85007
Phone: (602) 542-1040
Fax: (602) 542-1741

Date: July 10, 2007

VENDOR NOTICE

THIS IS NOT A PURCHASE ORDER

The terms and conditions attached to this form should be reviewed and understood before preparing a quotation.

The Uniform Terms and Conditions and Uniform Instructions to Offerors are incorporated into this document by reference, and may be obtained by visiting: <http://www.azeps.az.gov/PoliciesDocuments/terms/UIOv7.pdf> for the Instructions, <http://www.azeps.az.gov/PoliciesDocuments/terms/UTCv7.pdf> for the Terms and Conditions.

In accordance with Arizona Revised Statute 41-2535(B), this purchase is restricted to small businesses, if practicable. By signing this form, the Offeror self certifies that it is a small business as defined above. Please check as many as applicable:

____ I certify that my company is a Small Business. A Small Business is defined as a company having fewer than one hundred (100) employees or less than four million dollars (\$4,000,000) in gross receipts.

____ I certify that my company is a Woman-Owned Business Enterprise (WBE). A WBE is defined as an enterprise where a woman owns at least fifty-one percent (51%) of the business. The owner(s) must have the day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The owner(s) must hold a proportionate share of the business capital, assets, profits and losses commensurate with their ownership interest.

____ I certify that my company is a Minority-Owned Business Enterprise (MBE). An MBE is defined as an enterprise where an ethnic minority owns at least fifty-one percent (51%) of the business. The owner(s) must have the day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The owner(s) must hold a proportionate share of the business capital, assets, profits and losses commensurate with their ownership interest.

Location: Office of Procurement
1740 West Adams
Room 303
Phoenix, AZ 85007

Procurement Technician: Gary Hahn
Phone: (602)542-2925 Fax: (602) 542-1741
Email: hahng@azdhs.gov

Item	Description	Charge per item
1	Arizona only by Block Group 2007- 2012 Pop-Facts and Complete Update Demographic Dataset	\$ _____
2	Arizona only by Zip Code 2007 – 2012 Pop-Facts and Complete Update Demographic Dataset	\$ _____
		N/A
		\$
		Total: \$

THIS SECTION MUST BE COMPLETED BY VENDOR

Payment Terms: _____

Company Name	Address	City	State	Zip Code	Phone No.	Fax No.
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Signature

Date

Typed Name and Title

Procurement Administrator: _____

Date: _____

SPECIAL TERMS AND CONDITIONS

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1. PURPOSE

Pursuant to provisions of the Arizona Procurement Code, A.R.S. ' 41-2501 Et Seq., the State of Arizona, Department of Health Services ("ADHS") intends to establish a contract for the services listed herein.

2. TERM OF CONTRACT (1 YEAR)

The term of the contract shall commence upon award and shall remain in effect for a period of one year, unless terminated, canceled or extended as otherwise provided herein.

3. CONTRACT EXTENSION, 48 MONTHS

The Department may, by mutual written Contract amendment, extend any resultant Contract in up to twelve (12) month increments for a maximum of four (4) years. The Contract term shall not exceed a total of five (5) years from the date of Contract award, or \$50,000, whichever comes first.

4. CONTRACT TYPE

☒ Fixed Price

5. PRICE INCREASE/PRICE DECREASE

Contractor prices accepted and subsequently awarded by a contract in response to this RFQ shall remain in effect for a minimum of one (1) year. The Contractor may request a price adjustment, but the State will not review or approve an increase until the contract has been in effect for one (1) year. Contractor shall provide written justification for any price adjustment requested. Any price increase adjustment, if approved, will be effective upon execution of a written contract amendment. Likewise, the Contractor shall offer the State a price adjustment reduction concurrent with reduced costs from their suppliers. Price reductions will become effective upon execution of a contract amendment.

6. INFORMATION DISCLOSURE

The contractor shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the contract shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the contract. Persons requesting such information should be referred to the state. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of contractor as needed for the performance of duties under the contract, unless otherwise agreed to in writing by the state.

7. FEDERAL IMMIGRATION LAWS, COMPLIANCE BY STATE CONTRACTORS

By entering into the Contract, the Contractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV

The State may request verification of compliance for any Contractor or subcontractor performing work under the Contract. Should the State suspect or find that the Contractor or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

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8. OFFSHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, direct services under this Contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the Contract. This provision applies to work performed by subcontractors at all tiers.

9. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996

The Contractor warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both the ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep the ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Contractor agrees to sign the "Arizona Department of Health Services Pledge to Protect Confidential Information" and to abide by the statements addressing the creation, Use and Disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

10. INDEMNIFICATION

Contractor agrees to indemnify, defend, save and hold harmless the State of Arizona, and their respective directors, officers, officials, agents and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, costs, losses, or expenses, including reasonable attorney's fees, (hereinafter collectively referred to as "Claims") arising out of actual or alleged bodily injury or personal injury of any person (including death) or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of Contractor's directors, officers, agents, employees, volunteers or subcontractors. This indemnity includes any claim or amount arising or recovered under the Workers' Compensation Law or arising out of the failure of Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all Claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable.

This indemnity shall not apply if the contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

11. INSURANCE REQUIREMENTS

Vendor shall procure and maintain, until all of their obligations, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the purchase and or use of the commodity.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Vendor from liabilities that might arise out of the purchase and use of the commodities sold under this Contract by the Vendor, his agents, representatives, employees or subcontractors and Vendor is free to purchase such additional insurance as may be determined necessary.

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- A. **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Contractor shall provide coverage at least as broad and with limits of liability not less than those stated below.

1. **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability.

• General Aggregate	\$1,000,000
• Products – Completed Operations Aggregate	\$ 500,000
• Personal and Advertising Injury	\$ 500,000
• Fire Legal Liability	\$ 25,000
• Blanket Contractual Liability – Written and Oral	\$ 500,000
• Each Occurrence	\$ 500,000

2. **Automobile Liability**

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

Combined Single Limit (CSL)	\$ 500,000
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- a. The policy shall be endorsed to include the following additional insured language: ***“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor.”***

3. **Worker's Compensation and Employers' Liability**

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$ 100,000
Disease – Each Employee	\$ 100,000
Disease – Policy Limit	\$ 100,000

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- b. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

- B. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies are to contain, or be endorsed to contain, the following provisions:

- a. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.
- b. The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.
- c. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

- C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **(Arizona Department of Health Services – Office of Procurement, 1740 W. Adams, Phoenix, AZ 85007)** and shall be sent by certified mail, return receipt requested.

- D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in

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the State of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Vendor from potential insurer insolvency.

- E. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be sent directly to **(Arizona Department of Health Services – Office of Procurement, 1740 W. Adams, Phoenix, AZ 85007)**. The State of Arizona project/contract number and project description are to be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**

- F. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Contract must have prior approval from the State of Arizona Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal contract amendment, but may be made by administrative action.
- G. **EXCEPTIONS:** In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university then none of the above shall apply.

SPECIFICATIONS

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1. BACKGROUND

The Arizona Department of Health Services ("ADHS") would like to establish a contract for high quality demographic data for non Census years to be used in various types and analysis. The Arizona Cancer Registry is in need of high quality demographic data for non Census years to be used in various types of analysis.

The program is being implemented to assist The Arizona Cancer Registry.

The Arizona Cancer Registry Department is located at 150 North 18th Avenue, Phoenix, Arizona 85007.

2. OBJECTIVE

Establish contractual relationship for services to include, but not limited to activities listed below.

3. SPECIFICATIONS

- a. Contractor shall provide statistical data on a CD in Dbase (.dbf) format along with written descriptions in the Dbase tables.
- b. Contractor shall maintain accuracy in projecting population and other demographics in the most rapidly changing Block Groups and Zip Codes.
- c. Contractor shall consistently use the same methodology to calculate reliable data.
- d. Contractor shall have a proven track record of accurate estimates and projections for at least ten (10) years.
- e. Contractor shall use a consistent methodology to calculate its estimates and projections. This methodology must incorporate data from the Census and data from the local level including local governments, consumer databases and postal delivery counts. This methodology must start with data from the most recent decennial census not from the companies previous years estimate.
- f. Contractor shall provide Block Group and Zip Code data from the 2000 Census as well as data for the current (non Census) year and a five (5) year projection from the current (non Census) year for the following variables:

1. Group Quarters Population
2. Population
3. Households
4. Families
5. Housing Units
6. Householder Age 15 – 24
7. Householder Age 25 – 34
8. Householder Age 35 - 44
9. Householder Age 45 - 54
10. Householder Age 55 - 59
11. Householder Age 60 – 64
12. Householder Age 65 - 69
13. Householder Age 70 - 74
14. Householder Age 75 – 79
15. Householder Age 80 - 84
16. Householder Age 85+
17. Median Age, Householder
18. Households, Not Hispanic or Latino: White Alone
19. Households, Not Hispanic or Latino: Black or African American Alone
20. Households, Not Hispanic or Latino: American Indian and Alaska Native Alone
21. Households, Not Hispanic or Latino: Asian Alone
22. Households, Not Hispanic or Latino: Native Hawaiian and Other Pacific Islander Alone
23. Households, Not Hispanic or Latino: Some Other Race Alone

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24. Households, Not Hispanic or Latino: Two or More Races
25. Households, Hispanic or Latino: White Alone
26. Households, Hispanic or Latino: Black or African American Alone
27. Households, Hispanic or Latino: American Indian and Alaska Native Alone
28. Households, Hispanic or Latino: Asian Alone
29. Households, Hispanic or Latino: Native Hawaiian and Other Pacific Islander Alone
30. Households, Hispanic or Latino: Some Other Race Alone
31. Households, Hispanic or Latino: Two or More Races
32. Land Area in Square Kilometers
33. Not Hispanic or Latino: White Alone or In Combination
34. Not Hispanic or Latino: Black or African American Alone or In Combination
35. Not Hispanic or Latino: American Indian and Alaska Native Alone or In Combination
36. Not Hispanic or Latino: Asian Alone or In Combination
37. Not Hispanic or Latino: Native Hawaiian and Other Pacific Islander Alone or In Combination
38. Not Hispanic or Latino: Some Other Race Alone or In Combination
39. Hispanic or Latino: White Alone or In Combination
40. Hispanic or Latino: Black or African American Alone or In Combination
41. Hispanic or Latino: American Indian and Alaska Native Alone or In Combination
42. Hispanic or Latino: Asian Alone or In Combination
43. Hispanic or Latino: Native Hawaiian and Other Pacific Islander Alone or In Combination
44. Hispanic or Latino: Some Other Race Alone or In Combination
45. Not Hispanic or Latino: White Alone
46. Not Hispanic or Latino: Black or African American Alone
47. Not Hispanic or Latino: American Indian and Alaska Native Alone
48. Not Hispanic or Latino: Asian Alone
49. Not Hispanic or Latino: Native Hawaiian and Other Pacific Islander Alone
50. Not Hispanic or Latino: Some Other Race Alone
51. Not Hispanic or Latino: Two or More Races
52. Hispanic or Latino: White Alone
53. Hispanic or Latino: Black or African American Alone
54. Hispanic or Latino: American Indian and Alaska Native Alone
55. Hispanic or Latino: Asian Alone
56. Hispanic or Latino: Native Hawaiian and Other Pacific Islander Alone
57. Hispanic or Latino: Some Other Race Alone
58. Hispanic or Latino: Two or More Races
59. Male, Age <1
60. Male, Age 1 – 2
61. Male, Age 3 – 4
62. Male, Age 5
63. Male, Age 6
64. Male, Age 7 - 9
65. Male, Age 10 – 11
66. Male, Age 12 – 13
67. Male, Age 14
68. Male, Age 15
69. Male, Age 16
70. Male, Age 17
71. Male, Age 18
72. Male, Age 19
73. Male, Age 20
74. Male, Age 21
75. Male, Age 22 – 24
76. Male, Age 25 – 29
77. Male, Age 30 – 34
78. Male, Age 35 – 39
79. Male, Age 40 – 44

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- 80. Male, Age 45 – 49
- 81. Male, Age 50 – 54
- 82. Male, Age 55 – 59
- 83. Male, Age 60 – 61
- 84. Male, Age 62 – 64
- 85. Male, Age 65 – 69
- 86. Male, Age 70 – 74
- 87. Male, Age 75 – 79
- 88. Male, Age 80 – 84
- 89. Male, Age 85+
- 90. Female: Age <1
- 91. Female: Age 1 – 2
- 92. Female: Age 3 – 4
- 93. Female: Age 5
- 94. Female: Age 6
- 95. Female: Age 7 - 9
- 96. Female: Age 10 - 11
- 97. Female: Age 12 – 13
- 98. Female: Age 14
- 99. Female: Age 15
- 100. Female: Age 16
- 101. Female: Age 17
- 102. Female: Age 18
- 103. Female: Age 19
- 104. Female: Age 20
- 105. Female: Age 21
- 106. Female: Age 22 – 24
- 107. Female: Age 25 – 29
- 108. Female: Age 30 – 34
- 109. Female: Age 35 – 39
- 110. Female: Age 40 – 44
- 111. Female, Age 45 – 49
- 112. Female, Age 50 – 54
- 113. Female, Age 55 – 59
- 114. Female: Age 60 – 61
- 115. Female: Age 62 – 64
- 116. Female: Age 65 – 69
- 117. Female: Age 70 – 74
- 118. Female: Age 75 – 79
- 119. Female: Age 80 – 84
- 120. Female, Age 85+
- 121. Hispanic or Latino: Male, Age <1
- 122. Hispanic or Latino: Male, Age 1- 2
- 123. Hispanic or Latino: Male, Age 3 – 4
- 124. Hispanic or Latino: Male, Age 5
- 125. Hispanic or Latino: Male, Age 6
- 126. Hispanic or Latino: Male, Age 7 – 9
- 127. Hispanic or Latino: Male, Age 10 – 11
- 128. Hispanic or Latino: Male, Age 12 – 13
- 129. Hispanic or Latino: Male, Age 14
- 130. Hispanic or Latino: Male, Age 15
- 131. Hispanic or Latino: Male, Age 16
- 132. Hispanic or Latino: Male, Age 17
- 133. Hispanic or Latino: Male, Age 18
- 134. Hispanic or Latino: Male, Age 19
- 135. Hispanic or Latino: Male, Age 20

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136. Hispanic or Latino: Male, Age 21
137. Hispanic or Latino: Male, Age 22 – 24
138. Hispanic or Latino: Male, Age 25 – 29
139. Hispanic or Latino: Male, Age 30 – 34
140. Hispanic or Latino: Male, Age 35 – 39
141. Hispanic or Latino: Male, Age 40 – 44
142. Hispanic or Latino: Male, Age 45 – 49
143. Hispanic or Latino: Male, Age 50 – 54
144. Hispanic or Latino: Male, Age 55 – 59
145. Hispanic or Latino: Male, Age 60 – 61
146. Hispanic or Latino: Male, Age 62 – 64
147. Hispanic or Latino: Male, Age 65 – 69
148. Hispanic or Latino: Male, Age 70 – 74
149. Hispanic or Latino: Male, Age 75 – 79
150. Hispanic or Latino: Male, Age 80 - 84
151. Hispanic or Latino: Male, Age 85+
152. Hispanic or Latino: Female, Age <1
153. Hispanic or Latino: Female, Age 1- 2
154. Hispanic or Latino: Female, Age 3 – 4
155. Hispanic or Latino: Female, Age 5
156. Hispanic or Latino: Female, Age 6
157. Hispanic or Latino: Female, Age 7 – 9
158. Hispanic or Latino: Female, Age 10 – 11
159. Hispanic or Latino: Female, Age 12 – 13
160. Hispanic or Latino: Female, Age 14
161. Hispanic or Latino: Female, Age 15
162. Hispanic or Latino: Female, Age 16
163. Hispanic or Latino: Female, Age 17
164. Hispanic or Latino: Female, Age 18
165. Hispanic or Latino: Female, Age 19
166. Hispanic or Latino: Female, Age 20
167. Hispanic or Latino: Female, Age 21
168. Hispanic or Latino: Female, Age 22 – 24
169. Hispanic or Latino: Female, Age 25 – 29
170. Hispanic or Latino: Female, Age 30 – 34
171. Hispanic or Latino: Female, Age 35 – 39
172. Hispanic or Latino: Female, Age 40 – 44
173. Hispanic or Latino: Female, Age 45 – 49
174. Hispanic or Latino: Female, Age 50 – 54
175. Hispanic or Latino: Female, Age 55 – 59
176. Hispanic or Latino: Female, Age 60 – 61
177. Hispanic or Latino: Female, Age 62 – 64
178. Hispanic or Latino: Female, Age 65 – 69
179. Hispanic or Latino: Female, Age 70 – 74
180. Hispanic or Latino: Female, Age 75 – 79
181. Hispanic or Latino: Female, Age 80 – 84
182. Hispanic or Latino: Female, Age 85+
183. Median Value, Specified Owner-Occupied Housing Units (Detailed)
184. Median Value, Owner-Occupied Housing Units (Detailed)
185. Current Year Median Value, Owner-Occupied Housing Units (Detailed)
186. Five Year Median Value, Owner-Occupied Housing Units (Detailed)
187. Owner Occupied Housing Units
188. Renter Occupied Housing Units
189. Owner-Occupied Housing Value \$15,000 - \$19,999
190. Owner-Occupied Housing Value \$20,000 - \$24,999
191. Owner-Occupied Housing Value \$25,000 - \$29,999

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192. Owner-Occupied Housing Value \$30,000 - \$34,999
193. Owner-Occupied Housing Value \$35,000 - \$39,999
194. Owner-Occupied Housing Value \$40,000 - \$49,999
195. Owner-Occupied Housing Value \$50,000 - \$59,999
196. Owner-Occupied Housing Value \$60,000 - \$69,999
197. Owner-Occupied Housing Value \$70,000 - \$79,999
198. Owner-Occupied Housing Value \$80,000 - \$89,999
199. Owner-Occupied Housing Value \$90,000 - \$99,999
200. Owner-Occupied Housing Value \$100,000 - \$124,999
201. Owner-Occupied Housing Value \$125,000 - \$149,999
202. Owner-Occupied Housing Value \$150,000 - \$174,999
203. Owner-Occupied Housing Value \$175,000 - \$199,999
204. Owner-Occupied Housing Value \$200,000 - \$249,999
205. Owner-Occupied Housing Value \$250,000 - \$299,999
206. Owner-Occupied Housing Value \$300,000 - \$399,999
207. Owner-Occupied Housing Value \$400,000 - \$499,999
208. Aggregate Household Income
209. Per Capita Income
210. Median Family Household Income (Detailed)
211. Median Household Income (Detailed)
212. Average Household Income
213. Householder Age 15 - 24, Median Household Income (Detailed)
214. Householder Age 25 - 34, Median Household Income (Detailed)
215. Householder Age 35 - 44, Median Household Income (Detailed)
216. Householder Age 45 - 54, Median Household Income (Detailed)
217. Householder Age 55 - 59, Median Household Income (Detailed)
218. Householder Age 60 - 64, Median Household Income (Detailed)
219. Householder Age 65 - 69, Median Household Income (Detailed)
220. Householder Age 70 - 74, Median Household Income (Detailed)
221. Householder Age 75 - 79, Median Household Income (Detailed)
222. Householder Age 80 - 84, Median Household Income (Detailed)
223. Householder Age 85+, Median Household Income (Detailed)
224. Median Age, Male (Detailed)
225. Median Age, Female (Detailed)
226. Median Age (Detailed)
227. Median Age, White Alone, Male (Detailed)
228. Median Age, White Alone, Female (Detailed)
229. Median Age, White Alone (Detailed)
230. Median Age, Black or African American Alone, Male (Detailed)
231. Median Age, Black or African American Alone, Female (Detailed)
232. Median Age, Black or African American Alone (Detailed)
233. Median Age, American Indian and Alaska Native Alone, Male (Detailed)
234. Median Age, American Indian and Alaska Native Alone, Female (Detailed)
235. Median Age, American Indian and Alaska Native Alone (Detailed)
236. Median Age, Asian, Male (Detailed)
237. Median Age, Asian, Female (Detailed)
238. Median Age, Asian (Detailed)
239. Median Age, Native Hawaiian and Other Pacific Islander Alone, Male (Detailed)
240. Median Age, Native Hawaiian and Other Pacific Islander Alone, Female (Detailed)
241. Median Age, Native Hawaiian and Other Pacific Islander Alone (Detailed)
242. Median Age, Some Other Race Alone, Male (Detailed)
243. Median Age, Some Other Race Alone, Female (Detailed)
244. Median Age, Some Other Race Alone (Detailed)
245. Median Age, Two or More Races, Male (Detailed)
246. Median Age, Two or More Races, Female (Detailed)
247. Median Age, Two or More Races (Detailed)

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- 248. Median Age, Hispanic or Latino, Male (Detailed)
- 249. Median Age, Hispanic or Latino, Female (Detailed)
- 250. Median Age, Hispanic or Latino (Detailed)
- 251. White Alone, Male, Age 0 - 4
- 252. White Alone, Male, Age 5 - 9
- 253. White Alone, Male, Age 10 - 14
- 254. White Alone, Male, Age 15 - 17
- 255. White Alone, Male, Age 18 - 19
- 256. White Alone, Male, Age 20
- 257. White Alone, Male, Age 21
- 258. White Alone, Male, Age 22 - 24
- 259. White Alone, Male, Age 25 - 29
- 260. White Alone, Male, Age 30 - 34
- 261. White Alone, Male, Age 35 - 39
- 262. White Alone, Male, Age 40 - 44
- 263. White Alone, Male, Age 45 - 49
- 264. White Alone, Male, Age 50 - 54
- 265. White Alone, Male, Age 55 - 59
- 266. White Alone, Male, Age 60 - 61
- 267. White Alone, Male, Age 62 - 64
- 268. White Alone, Male, Age 65 - 66
- 269. White Alone, Male, Age 67 - 69
- 270. White Alone, Male, Age 70 - 74
- 271. White Alone, Male, Age 75 - 79
- 272. White Alone, Male, Age 80 - 84
- 273. White Alone, Male, Age 85+
- 274. White Alone, Female, Age 0 - 4
- 275. White Alone, Female, Age 5 - 9
- 276. White Alone, Female, Age 10 - 14
- 277. White Alone, Female, Age 15 - 17
- 278. White Alone, Female, Age 18 - 19
- 279. White Alone, Female, Age 20
- 280. White Alone, Female, Age 21
- 281. White Alone, Female, Age 22 - 24
- 282. White Alone, Female, Age 25 - 29
- 283. White Alone, Female, Age 30 - 34
- 284. White Alone, Female, Age 35 - 39
- 285. White Alone, Female, Age 40 - 44
- 286. White Alone, Female, Age 45 - 49
- 287. White Alone, Female, Age 50 - 54
- 288. White Alone, Female, Age 55 - 59
- 289. White Alone, Female, Age 60 - 61
- 290. White Alone, Female, Age 62 - 64
- 291. White Alone, Female, Age 65 - 66
- 292. White Alone, Female, Age 67 - 69
- 293. White Alone, Female, Age 70 - 74
- 294. White Alone, Female, Age 75 - 79
- 295. White Alone, Female, Age 80 - 84
- 296. White Alone, Female, Age 85+
- 297. Black or African American Alone, Male, Age 0 - 4
- 298. Black or African American Alone, Male, Age 5 - 9
- 299. Black or African American Alone, Male, Age 10 - 14
- 300. Black or African American Alone, Male, Age 15 - 17
- 301. Black or African American Alone, Male, Age 18 - 19
- 302. Black or African American Alone, Male, Age 20
- 303. Black or African American Alone, Male, Age 21

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- 304. Black or African American Alone, Male, Age 22 - 24
- 305. Black or African American Alone, Male, Age 25 - 29
- 306. Black or African American Alone, Male, Age 30 - 34
- 307. Black or African American Alone, Male, Age 35 - 39
- 308. Black or African American Alone, Male, Age 40 - 44
- 309. Black or African American Alone, Male, Age 45 - 49
- 310. Black or African American Alone, Male, Age 50 - 54
- 311. Black or African American Alone, Male, Age 55 - 59
- 312. Black or African American Alone, Male, Age 60 - 61
- 313. Black or African American Alone, Male, Age 62 - 64
- 314. Black or African American Alone, Male, Age 65 - 66
- 315. Black or African American Alone, Male, Age 67 - 69
- 316. Black or African American Alone, Male, Age 70 - 74
- 317. Black or African American Alone, Male, Age 75 - 79
- 318. Black or African American Alone, Male, Age 80 - 84
- 319. Black or African American Alone, Male, Age 85+
- 320. Black or African American Alone, Female, Age 0 - 4
- 321. Black or African American Alone, Female, Age 5 - 9
- 322. Black or African American Alone, Female, Age 10 - 14
- 323. Black or African American Alone, Female, Age 15 - 17
- 324. Black or African American Alone, Female, Age 18 - 19
- 325. Black or African American Alone, Female, Age 20
- 326. Black or African American Alone, Female, Age 21
- 327. Black or African American Alone, Female, Age 22 - 24
- 328. Black or African American Alone, Female, Age 25 - 29
- 329. Black or African American Alone, Female, Age 30 - 34
- 330. Black or African American Alone, Female, Age 35 - 39
- 331. Black or African American Alone, Female, Age 40 - 44
- 332. Black or African American Alone, Female, Age 45 - 49
- 333. Black or African American Alone, Female, Age 50 - 54
- 334. Black or African American Alone, Female, Age 55 - 59
- 335. Black or African American Alone, Female, Age 60 - 61
- 336. Black or African American Alone, Female, Age 62 - 64
- 337. Black or African American Alone, Female, Age 65 - 66
- 338. Black or African American Alone, Female, Age 67 - 69
- 339. Black or African American Alone, Female, Age 70 - 74
- 340. Black or African American Alone, Female, Age 75 - 79
- 341. Black or African American Alone, Female, Age 80 - 84
- 342. Black or African American Alone, Female, Age 85+
- 343. American Indian and Alaska Native Alone, Male, Age 0 - 4
- 344. American Indian and Alaska Native Alone, Male, Age 5 - 9
- 345. American Indian and Alaska Native Alone, Male, Age 10 - 14
- 346. American Indian and Alaska Native Alone, Male, Age 15 - 17
- 347. American Indian and Alaska Native Alone, Male, Age 18 - 19
- 348. American Indian and Alaska Native Alone, Male, Age 20
- 349. American Indian and Alaska Native Alone, Male, Age 21
- 350. American Indian and Alaska Native Alone, Male, Age 22 - 24
- 351. American Indian and Alaska Native Alone, Male, Age 25 - 29
- 352. American Indian and Alaska Native Alone, Male, Age 30 - 34
- 353. American Indian and Alaska Native Alone, Male, Age 35 - 39
- 354. American Indian and Alaska Native Alone, Male, Age 40 - 44
- 355. American Indian and Alaska Native Alone, Male, Age 45 - 49
- 356. American Indian and Alaska Native Alone, Male, Age 50 - 54
- 357. American Indian and Alaska Native Alone, Male, Age 55 - 59
- 358. American Indian and Alaska Native Alone, Male, Age 60 - 61
- 359. American Indian and Alaska Native Alone, Male, Age 62 - 64

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- 360.American Indian and Alaska Native Alone, Male, Age 65 - 66
- 361.American Indian and Alaska Native Alone, Male, Age 67 - 69
- 362.American Indian and Alaska Native Alone, Male, Age 70 - 74
- 363.American Indian and Alaska Native Alone, Male, Age 75 - 79
- 364.American Indian and Alaska Native Alone, Male, Age 80 - 84
- 365.American Indian and Alaska Native Alone, Male, Age 85+
- 366.American Indian and Alaska Native Alone, Female, Age 0 - 4
- 367.American Indian and Alaska Native Alone, Female, Age 5 - 9
- 368.American Indian and Alaska Native Alone, Female, Age 10 - 14
- 369.American Indian and Alaska Native Alone, Female, Age 15 - 17
- 370.American Indian and Alaska Native Alone, Female, Age 18 - 19
- 371.American Indian and Alaska Native Alone, Female, Age 20
- 372.American Indian and Alaska Native Alone, Female, Age 21
- 373.American Indian and Alaska Native Alone, Female, Age 22 - 24
- 374.American Indian and Alaska Native Alone, Female, Age 25 - 29
- 375.American Indian and Alaska Native Alone, Female, Age 30 - 34
- 376.American Indian and Alaska Native Alone, Female, Age 35 - 39
- 377.American Indian and Alaska Native Alone, Female, Age 40 - 44
- 378.American Indian and Alaska Native Alone, Female, Age 45 - 49
- 379.American Indian and Alaska Native Alone, Female, Age 50 - 54
- 380.American Indian and Alaska Native Alone, Female, Age 55 - 59
- 381.American Indian and Alaska Native Alone, Female, Age 60 - 61
- 382.American Indian and Alaska Native Alone, Female, Age 62 - 64
- 383.American Indian and Alaska Native Alone, Female, Age 65 - 66
- 384.American Indian and Alaska Native Alone, Female, Age 67 - 69
- 385.American Indian and Alaska Native Alone, Female, Age 70 - 74
- 386.American Indian and Alaska Native Alone, Female, Age 75 - 79
- 387.American Indian and Alaska Native Alone, Female, Age 80 - 84
- 388.American Indian and Alaska Native Alone, Female, Age 85+
- 389.Asian Alone, Male, Age 0 - 4
- 390.Asian Alone, Male, Age 5 - 9
- 391.Asian Alone, Male, Age 10 - 14
- 392.Asian Alone, Male, Age 15 - 17
- 393.Asian Alone, Male, Age 18 - 19
- 394.Asian Alone, Male, Age 20
- 395.Asian Alone, Male, Age 21
- 396.Asian Alone, Male, Age 22 - 24
- 397.Asian Alone, Male, Age 25 - 29
- 398.Asian Alone, Male, Age 30 - 34
- 399.Asian Alone, Male, Age 35 - 39
- 400.Asian Alone, Male, Age 40 - 44
- 401.Asian Alone, Male, Age 45 - 49
- 402.Asian Alone, Male, Age 50 - 54
- 403.Asian Alone, Male, Age 55 - 59
- 404.Asian Alone, Male, Age 60 - 61
- 405.Asian Alone, Male, Age 62 - 64
- 406.Asian Alone, Male, Age 65 - 66
- 407.Asian Alone, Male, Age 67 - 69
- 408.Asian Alone, Male, Age 70 - 74
- 409.Asian Alone, Male, Age 75 - 79
- 410.Asian Alone, Male, Age 80 - 84
- 411.Asian Alone, Male, Age 85+
- 412.Asian Alone, Female, Age 0 - 4
- 413.Asian Alone, Female, Age 5 - 9
- 414.Asian Alone, Female, Age 10 - 14
- 415.Asian Alone, Female, Age 15 - 17

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- 416. Asian Alone, Female, Age 18 - 19
- 417. Asian Alone, Female, Age 20
- 418. Asian Alone, Female, Age 21
- 419. Asian Alone, Female, Age 22 - 24
- 420. Asian Alone, Female, Age 25 - 29
- 421. Asian Alone, Female, Age 30 - 34
- 422. Asian Alone, Female, Age 35 - 39
- 423. Asian Alone, Female, Age 40 - 44
- 424. Asian Alone, Female, Age 45 - 49
- 425. Asian Alone, Female, Age 50 - 54
- 426. Asian Alone, Female, Age 55 - 59
- 427. Asian Alone, Female, Age 60 - 61
- 428. Asian Alone, Female, Age 62 - 64
- 429. Asian Alone, Female, Age 65 - 66
- 430. Asian Alone, Female, Age 67 - 69
- 431. Asian Alone, Female, Age 70 - 74
- 432. Asian Alone, Female, Age 75 - 79
- 433. Asian Alone, Female, Age 80 - 84
- 434. Asian Alone, Female, Age 85+
- 435. Native Hawaiian and Other Pacific Islander Alone, Male, Age 0 - 4
- 436. Native Hawaiian and Other Pacific Islander Alone, Male, Age 5 - 9
- 437. Native Hawaiian and Other Pacific Islander Alone, Male, Age 10 - 14
- 438. Native Hawaiian and Other Pacific Islander Alone, Male, Age 15 - 17
- 439. Native Hawaiian and Other Pacific Islander Alone, Male, Age 18 - 19
- 440. Native Hawaiian and Other Pacific Islander Alone, Male, Age 20
- 441. Native Hawaiian and Other Pacific Islander Alone, Male, Age 21
- 442. Native Hawaiian and Other Pacific Islander Alone, Male, Age 22 - 24
- 443. Native Hawaiian and Other Pacific Islander Alone, Male, Age 25 - 29
- 444. Native Hawaiian and Other Pacific Islander Alone, Male, Age 30 - 34
- 445. Native Hawaiian and Other Pacific Islander Alone, Male, Age 35 - 39
- 446. Native Hawaiian and Other Pacific Islander Alone, Male, Age 40 - 44
- 447. Native Hawaiian and Other Pacific Islander Alone, Male, Age 45 - 49
- 448. Native Hawaiian and Other Pacific Islander Alone, Male, Age 50 - 54
- 449. Native Hawaiian and Other Pacific Islander Alone, Male, Age 55 - 59
- 450. Native Hawaiian and Other Pacific Islander Alone, Male, Age 60 - 61
- 451. Native Hawaiian and Other Pacific Islander Alone, Male, Age 62 - 64
- 452. Native Hawaiian and Other Pacific Islander Alone, Male, Age 65 - 66
- 453. Native Hawaiian and Other Pacific Islander Alone, Male, Age 67 - 69
- 454. Native Hawaiian and Other Pacific Islander Alone, Male, Age 70 - 74
- 455. Native Hawaiian and Other Pacific Islander Alone, Male, Age 75 - 79
- 456. Native Hawaiian and Other Pacific Islander Alone, Male, Age 80 - 84
- 457. Native Hawaiian and Other Pacific Islander Alone, Male, Age 85+
- 458. Native Hawaiian and Other Pacific Islander Alone, Female, Age 0 - 4
- 459. Native Hawaiian and Other Pacific Islander Alone, Female, Age 5 - 9
- 460. Native Hawaiian and Other Pacific Islander Alone, Female, Age 10 - 14
- 461. Native Hawaiian and Other Pacific Islander Alone, Female, Age 15 - 17
- 462. Native Hawaiian and Other Pacific Islander Alone, Female, Age 18 - 19
- 463. Native Hawaiian and Other Pacific Islander Alone, Female, Age 20
- 464. Native Hawaiian and Other Pacific Islander Alone, Female, Age 21
- 465. Native Hawaiian and Other Pacific Islander Alone, Female, Age 22 - 24
- 466. Native Hawaiian and Other Pacific Islander Alone, Female, Age 25 - 29
- 467. Native Hawaiian and Other Pacific Islander Alone, Female, Age 30 - 34
- 468. Native Hawaiian and Other Pacific Islander Alone, Female, Age 35 - 39
- 469. Native Hawaiian and Other Pacific Islander Alone, Female, Age 40 - 44
- 470. Native Hawaiian and Other Pacific Islander Alone, Female, Age 45 - 49
- 471. Native Hawaiian and Other Pacific Islander Alone, Female, Age 50 - 54

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- 472. Native Hawaiian and Other Pacific Islander Alone, Female, Age 55 - 59
- 473. Native Hawaiian and Other Pacific Islander Alone, Female, Age 60 - 61
- 474. Native Hawaiian and Other Pacific Islander Alone, Female, Age 62 - 64
- 475. Native Hawaiian and Other Pacific Islander Alone, Female, Age 65 - 66
- 476. Native Hawaiian and Other Pacific Islander Alone, Female, Age 67 - 69
- 477. Native Hawaiian and Other Pacific Islander Alone, Female, Age 70 - 74
- 478. Native Hawaiian and Other Pacific Islander Alone, Female, Age 75 - 79
- 479. Native Hawaiian and Other Pacific Islander Alone, Female, Age 80 - 84
- 480. Native Hawaiian and Other Pacific Islander Alone, Female, Age 85+
- 481. Some Other Race Alone, Male, Age 0 - 4
- 482. Some Other Race Alone, Male, Age 5 - 9
- 483. Some Other Race Alone, Male, Age 10 - 14
- 484. Some Other Race Alone, Male, Age 15 - 17
- 485. Some Other Race Alone, Male, Age 18 - 19
- 486. Some Other Race Alone, Male, Age 20
- 487. Some Other Race Alone, Male, Age 21
- 488. Some Other Race Alone, Male, Age 22 - 24
- 489. Some Other Race Alone, Male, Age 25 - 29
- 490. Some Other Race Alone, Male, Age 30 - 34
- 491. Some Other Race Alone, Male, Age 35 - 39
- 492. Some Other Race Alone, Male, Age 40 - 44
- 493. Some Other Race Alone, Male, Age 45 - 49
- 494. Some Other Race Alone, Male, Age 50 - 54
- 495. Some Other Race Alone, Male, Age 55 - 59
- 496. Some Other Race Alone, Male, Age 60 - 61
- 497. Some Other Race Alone, Male, Age 62 - 64
- 498. Some Other Race Alone, Male, Age 65 - 66
- 499. Some Other Race Alone, Male, Age 67 - 69
- 500. Some Other Race Alone, Male, Age 70 - 74
- 501. Some Other Race Alone, Male, Age 75 - 79
- 502. Some Other Race Alone, Male, Age 80 - 84
- 503. Some Other Race Alone, Male, Age 85+
- 504. Some Other Race Alone, Female, Age 0 - 4
- 505. Some Other Race Alone, Female, Age 5 - 9
- 506. Some Other Race Alone, Female, Age 10 - 14
- 507. Some Other Race Alone, Female, Age 15 - 17
- 508. Some Other Race Alone, Female, Age 18 - 19
- 509. Some Other Race Alone, Female, Age 20
- 510. Some Other Race Alone, Female, Age 21
- 511. Some Other Race Alone, Female, Age 22 - 24
- 512. Some Other Race Alone, Female, Age 25 - 29
- 513. Some Other Race Alone, Female, Age 30 - 34
- 514. Some Other Race Alone, Female, Age 35 - 39
- 515. Some Other Race Alone, Female, Age 40 - 44
- 516. Some Other Race Alone, Female, Age 45 - 49
- 517. Some Other Race Alone, Female, Age 50 - 54
- 518. Some Other Race Alone, Female, Age 55 - 59
- 519. Some Other Race Alone, Female, Age 60 - 61
- 520. Some Other Race Alone, Female, Age 62 - 64
- 521. Some Other Race Alone, Female, Age 65 - 66
- 522. Some Other Race Alone, Female, Age 67 - 69
- 523. Some Other Race Alone, Female, Age 70 - 74
- 524. Some Other Race Alone, Female, Age 75 - 79
- 525. Some Other Race Alone, Female, Age 80 - 84
- 526. Some Other Race Alone, Female, Age 85+
- 527. Two or More Races, Male, Age 0 - 4

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- 528. Two or More Races, Male, Age 5 - 9
- 529. Two or More Races, Male, Age 10 - 14
- 530. Two or More Races, Male, Age 15 - 17
- 531. Two or More Races, Male, Age 18 - 19
- 532. Two or More Races, Male, Age 20
- 533. Two or More Races, Male, Age 21
- 534. Two or More Races, Male, Age 22 - 24
- 535. Two or More Races, Male, Age 25 - 29
- 536. Two or More Races, Male, Age 30 - 34
- 537. Two or More Races, Male, Age 35 - 39
- 538. Two or More Races, Male, Age 40 - 44
- 539. Two or More Races, Male, Age 45 - 49
- 540. Two or More Races, Male, Age 50 - 54
- 541. Two or More Races, Male, Age 55 - 59
- 542. Two or More Races, Male, Age 60 - 61
- 543. Two or More Races, Male, Age 62 - 64
- 544. Two or More Races, Male, Age 65 - 66
- 545. Two or More Races, Male, Age 67 - 69
- 546. Two or More Races, Male, Age 70 - 74
- 547. Two or More Races, Male, Age 75 - 79
- 548. Two or More Races, Male, Age 80 - 84
- 549. Two or More Races, Male, Age 85+
- 550. Two or More Races, Female, Age 0 - 4
- 551. Two or More Races, Female, Age 5 - 9
- 552. Two or More Races, Female, Age 10 - 14
- 553. Two or More Races, Female, Age 15 - 17
- 554. Two or More Races, Female, Age 18 - 19
- 555. Two or More Races, Female, Age 20
- 556. Two or More Races, Female, Age 21
- 557. Two or More Races, Female, Age 22 - 24
- 558. Two or More Races, Female, Age 25 - 29
- 559. Two or More Races, Female, Age 30 - 34
- 560. Two or More Races, Female, Age 35 - 39
- 561. Two or More Races, Female, Age 40 - 44
- 562. Two or More Races, Female, Age 45 - 49
- 563. Two or More Races, Female, Age 50 - 54
- 564. Two or More Races, Female, Age 55 - 59
- 565. Two or More Races, Female, Age 60 - 61
- 566. Two or More Races, Female, Age 62 - 64
- 567. Two or More Races, Female, Age 65 - 66
- 568. Two or More Races, Female, Age 67 - 69
- 569. Two or More Races, Female, Age 70 - 74
- 570. Two or More Races, Female, Age 75 - 79
- 571. Two or More Races, Female, Age 80 - 84
- 572. Two or More Races, Female, Age 85+

4. DELIVERY LOCATION

All material will be delivered to:

Public Health Services
Attention: Wes Kortuem
150 North 18th Avenue, Suite 550
Phoenix, Arizona 85007

<div>SPECIFICATIONS REQUEST FOR QUOTATION # HQ754314</div>
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5. **NOTICES, CORRESPONDENCE, REPORTS, INVOICES AND PAYMENTS**


- a. All invoices shall be sent to the following address:

Arizona Department of Health Services
1740 West Adams
Phoenix, Arizona 85007

- b. Invoices shall be paid by ADHS within thirty (30) days following receipt of the invoice. In the case of any dispute regarding part of any invoice, ADHS shall pay the undisputed part according to the payment terms described above.

- c. Notices, Correspondence, Reports and Payments from The Department to the Contractor shall be sent to:

Contractor _____
Attention: _____
Address _____
Address _____
City, State, Zip _____

	CERTIFICATE OF INSURANCE		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams Street Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX	
	Request for Quote No.: HQ754314 EXAMPLE			
PRIOR TO COMMENCING SERVICES UNDER THIS CONTRACT, THE CONTRACTOR MUST FURNISH THE DEPARTMENT, CERTIFICATION FROM INSURER(S) FOR COVERAGES IN THE MINIMUM AMOUNTS AS STATED BELOW, THE COVERAGES SHALL BE MAINTAINED IN FULL FORCE AND EFFECT DURING THE TERM OF THIS CONTRACT, AND SHALL NOT SERVE TO LIMIT ANY LIABILITIES OR ANY OTHER CONTRACTOR OBLIGATIONS				
NAME AND ADDRESS OF INSURANCE AGENCY NAME AND ADDRESS OF INSURED	COMPANY LETTER A B C D	COMPANIES AFFORDING COVERAGE		
This is to certify that the policies of insurance listed below have been issued to the insured named above and are in force at this time				
COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMPREHENSIVE GENERAL LIABILITY FORM <input type="checkbox"/> PREMISES OPERATIONS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input checked="" type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> EXPLOSION & COLLAPSE (IF APPLICABLE) <input type="checkbox"/> UNDERGROUND HAZARD (IF APPLICABLE)			General Aggregate \$ 1,000,000 Product-Completed Operations Aggregate \$ 500,000 Person and Advertising Injury \$ 500,000 Blanket Contractual Liability – written and oral \$ 500,000
	<input checked="" type="checkbox"/> COMPREHENSIVE AUTO LIABILITY INCLUDING NON-OWNED (IF APPLICABLE)			Bodily Injury – each person \$ 500,000 Bodily injury – each accident \$ 500,000 Property Damage \$ 500,000
	<input type="checkbox"/> UMBRELLA LIABILITY			
	<input checked="" type="checkbox"/> WORKMEN'S COMPENSATION AND EMPLOYER'S LIABILITY			Each accident \$ 100,000 Disease – each employee \$ 100,000 Disease – Policy Limit \$ 100,000
	<input type="checkbox"/> OTHER			
State of Arizona and the Department named above are added as additional insured as required by statute, contract, purchase order or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.				
It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the State without thirty (30) days written notice to the State. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.				
NAME AND ADDRESS OF CERTIFICATE HOLDER			DATE ISSUED _____ _____ AUTHORIZED REPRESENTATIVE	